

ANNUAL REPORT (AR)

DOCUMENT # N26275

1. Entity Name

3205 OWNERS ASSOCIATION, INC.



FILED
Feb 22, 2007 08:00 AM
Secretary of State



Principal Place of Business
3205 COLONY CLUB ROAD
APT #3
POMPANO BEACH FL 33062-4728
US

Mailing Address
3205 COLONY CLUB ROAD
APT #3
POMPANO BEACH FL 33062-4728
US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E037 (10/06)

4. FEI Number 65-0108832
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEISS, JESS B M.D.
3205 COLONY CLUB ROAD #3
POMPANO BEACH FL 33062-4728

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	O'KEEFE, LINDA	
STREET ADDRESS	3205 COLONY CLUB RD SUITE 4	
CITY-STATE-ZIP	POMPANO BEACH FL 33062	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WEISS, JESS B M.D.	
STREET ADDRESS	3205 COLONY CLUB RD STE 3	
CITY-STATE-ZIP	POMPANO BEACH FL 33062	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WEISS, SHIRLEY	
STREET ADDRESS	3205 COLONY CLUB ROAD #3	
CITY-STATE-ZIP	POMPANO BEACH FL 33062-4728	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAIGE, AMY T	
STREET ADDRESS	3205 COLONY CLUB RD SUITE 6	
CITY-STATE-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLABACH, FRANK	
STREET ADDRESS	3205 COLONY CLUB RD SUITE 1	
CITY-STATE-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	000000644063
CITY-STATE-ZIP	03/02/07-80026-020 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jess B. Weiss, M.D. JESS B. WEISS, M.D.

Feb. 20, 2007

954-782-9718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #